

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492

MAYOR CHRIS BEUTLER

lincoln.ne.gov



April 11, 2008

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Hy-Vee Gas, 1515 North 84th Street requesting a class C liquor license.

This location is next to the new Hy-Vee store located at 1601 North 84th Street.

Matthew Ludwig has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as he is a currently approved manager and has completed the required training.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/

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NEBRASKA LIQUOR
CONTROL COMMISSION

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)

- | | | | |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/> | A | BEER, ON SALE ONLY | \$45.00 |
| <input type="checkbox"/> | B | BEER, OFF SALE ONLY | \$45.00 |
| <input checked="" type="checkbox"/> | C | BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE | \$45.00 |
| <input type="checkbox"/> | D | BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY | \$45.00 |
| <input type="checkbox"/> | I | BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY | \$45.00 |

Class K Catering license may be added to any of these classes with the filing of the appropriate form and fee of \$100.00

MISCELLANEOUS

- | | | | | |
|--------------------------|---|--------------------------|------------------------|-----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub) | \$295.00 | \$1,000 minimum bond |
| <input type="checkbox"/> | O | Boat | \$ 95.00 | |
| <input type="checkbox"/> | V | Manufacturer | \$ 45.00(+license fee) | \$10,000 minimum bond |
| <input type="checkbox"/> | W | Wholesale Beer | \$545.00 | \$5,000 minimum bond |
| <input type="checkbox"/> | X | Wholesale Liquor | \$795.00 | \$5,000 minimum bond |
| <input type="checkbox"/> | Y | Farm Winery | \$295.00 | \$1,000 minimum bond |
| <input type="checkbox"/> | Z | Micro Distillery | \$295.00 | \$1,000 minimum bond |

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering expire same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | Individual License (requires insert form 1) |
| <input type="checkbox"/> | Partnership License (requires insert form 2) |
| <input checked="" type="checkbox"/> | Corporate License (requires insert form 3a & 3c) |
| <input type="checkbox"/> | Limited Liability Company (requires form 3b & 3c) |

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name Cindy Irvin

Phone number: 515-267-2874

Firm Name Hy-Vee, Inc

PREMISE INFORMATION

Trade Name (doing business as) Hy-Vee #2 Gas #1386

Street Address #1 1515 N 84th St

Street Address #2 _____

City Lincoln

County Lancaster

Zip Code 68505

Premise Telephone number _____

Is this location inside the city/village corporate limits:



YES



NO

Mail address (where you want receipt of mail from the commission)

Name Hy-Vee, Inc

Street Address

#1 5820 Westown Pkwy

Street Address

#2 _____

City West Des Moines, Iowa

County Polk

Zip Code 50266

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

see attached for more detail

74'0"

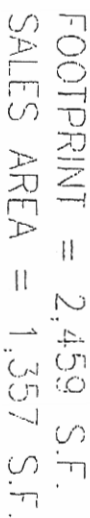
2459 SF.
1357 SF sales area

33'0"

Entire one story
approx 74' X 33'

W

74, 0, 72



COMPRISSON
SSE LOCATION:
VAL SEE SIE
FOR SP/ENDC
LOCATION

APPLICANT INFORMATION

READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number _____

- a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.
b) Include a list of alcohol being purchased, list the name brand, container size and how many?

Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

Are you borrowing any money from any source to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender _____

Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application. _____

Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner. _____

Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain. _____

No silent partners

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Midwest Heritage Bank, 1025 Braden, Chariton, IA 50049 Richard Jurgens CEO, President and John Br

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

See Attached

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations. MATT KNOWLTON 50 hrs /wk

13. List the training and/or experience (when and where) of the person lists in #12 above in connection with selling and/or serving alcoholic beverages. up to date on Lincoln Hosp. Course. State director for 8 years.

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☐ Lease: expiration date _____
☒ Deed
☐ Purchase Agreement

15. When do you intend to open for business? 6/10/2008

16. What will be the main nature of business? Convenience store

17. What are the anticipated hours of operation? Open 24 hrs 7 days per week

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

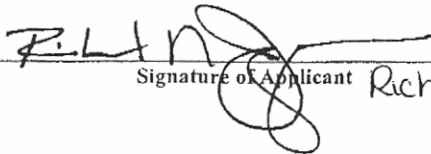
RESIDENCES FOR THE PAST 10 YEARS. APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR FROM TO		SPOUSE: CITY & STATE	YEAR FROM TO	
Richard Jurgens W. Des Moines IA	1992	2007	Carol Jurgens W Des Moines IA	1992	2007
John Briggs Waukee, IA	1994	2007	Diane Briggs Waukee IA	1994	2007
Stephen Meyer Des Moines, IA	1992	2007			
Randy Edeker Waukee, IA	2004	2007	Dawn Edeker Waukee, IA	2004	2007

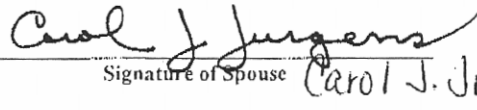
The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

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Signature of Applicant

Richard N. Jurgens


Signature of Spouse

Carol J. Jurgens

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

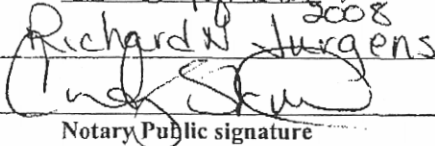
Signature of Applicant

Signature of Spouse

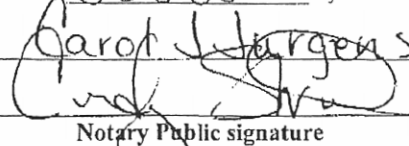
State of ~~Nebraska~~ Iowa

County of Polk

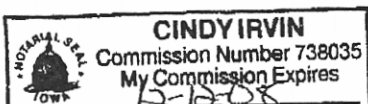
The foregoing instrument was acknowledged before me this 28th day of March, 2008 by


Notary Public signature

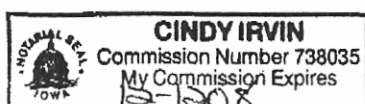
The foregoing instrument was acknowledged before me this 3-28-08 by


Notary Public signature

Affix Seal Here



Affix Seal Here



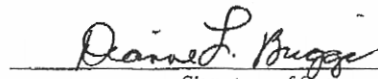
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Signature of Applicant John C. Briggs


Signature of Spouse Diane Briggs

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

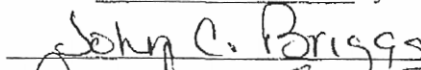
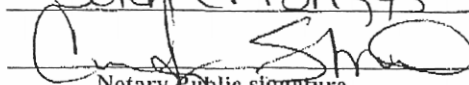
Signature of Applicant

Signature of Spouse

State of ~~Nebraska~~ Iowa

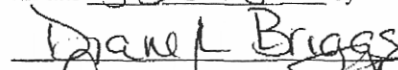
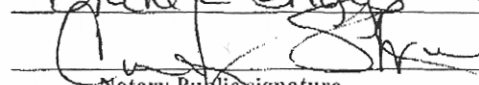
County of Polk

The foregoing instrument was acknowledged before me this 3-28-08 by

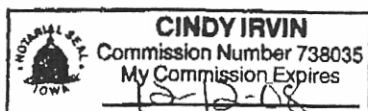


Notary Public signature

County of Polk

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Notary Public signature

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Affix Seal Here



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Stephan P Meyer
Signature of Applicant Stephan P Meyer
Secretary

Single
Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of ~~Nebraska~~ Iowa
County of Polk

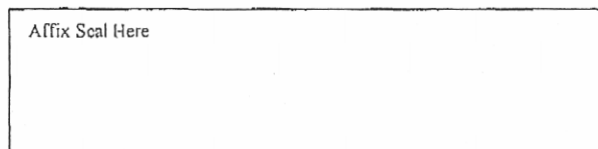
County of _____

The foregoing instrument was acknowledged before me this 3-28-05 by

The foregoing instrument was acknowledged before me this _____ by

Stephan P Meyer
Cindy Irvin
Notary Public signature

Notary Public signature



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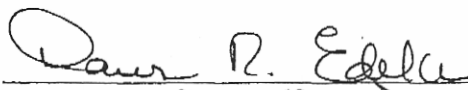
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Signature of Applicant

Randy Edeker



Signature of Spouse

Dawn R. Edeker

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

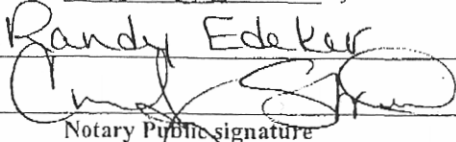
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Signature of Spouse

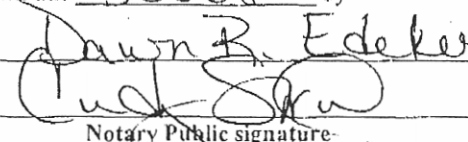
State of ~~Nebraska~~ Iowa

County of Polk

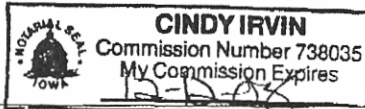
The foregoing instrument was acknowledged before me this 3-28-08 by


Notary Public signature

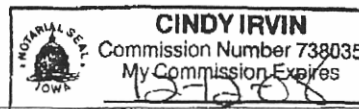
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Matt Ludwig
Signature of Applicant

Sally Ludwig
Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this 31st of March 2008 by

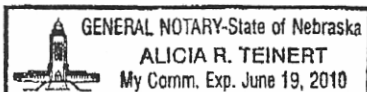
Matt Ludwig
Alicia R. Teinert
Notary Public signature

County of Lancaster

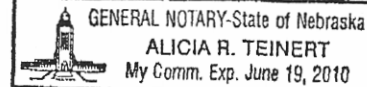
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Sally Ludwig
Alicia R. Teinert
Notary Public signature

Affix Seal Here



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APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

RECEIVED

APR 01 2008

NEBRASKA LIQUOR
CONTROL COMMISSION

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

~~Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)~~

Name of Registered Agent: _____

Name of Corporation that will hold license as listed on the Articles _____

Hy-Vee, Inc _____

Corporation Address: 5820 Westown Pkwy _____

City: West Des Moines _____ State: Iowa _____ Zip Code: 50266 _____

Corporation Phone Number: 515-267-2800 _____ Fax Number 515-267-2904 _____

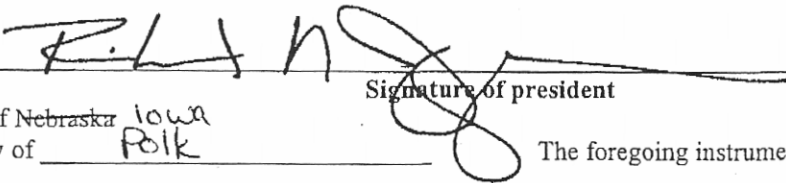
Total Number of Corporation Shares Issued: _____

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: Jurgens _____ First Name: Richard _____ MI: N _____

Home Address: 3008 Jordan Grove _____ City: West Des Moines _____

State: Iowa _____ Zip Code: 50265 _____ Home Phone Number: _____


Signature of president

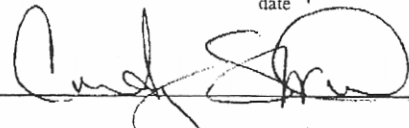
State of Nebraska Iowa
County of Polk

The foregoing instrument was acknowledged before me this

March 18th 2008
date

by _____

name of person acknowledged



Notary Public signature

Affix Seal Here



List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: Jurgens First Name: Richard MI: N

Social Security Number: _____ Date of Birth: _____

Title: President, CEO Number of Shares _____

Spouse Full Name (indicate N/A if single): Carol Jean Gaffney Jurgens

Spouse Social Security Number _____ Date of Birth: _____

Last Name: Meyer First Name: Stephen MI: P

Social Security Number: _____ Date of Birth: _____

Title: Secretary Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Briggs First Name: John MI: C

Social Security Number: _____ Date of Birth: _____

Title: Treasurer Number of Shares _____

Spouse Full Name (indicate N/A if single): Diane I. Herrin Briggs

Spouse Social Security Number _____ Date of Birth: _____

Last Name: Edeker First Name: Randy MI: B

Social Security Number _____ Date of Birth _____

Title: Senior Vice President, Retail Operations Number of Shares _____

Spouse Full Name (indicate N/A if single): Dawn R. Hoylman Edeker

Spouse Social Security Number: _____ Date of Birth _____

Is the applying Corporation controlled by another Corporation?

☐ YES

☒ NO

If yes, provide the name of corporation and supply an organizational chart

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: 10/01/2007

Ending Date: 9/30/2008

Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

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NEBRASKA LIQUOR
CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: Hy-Vee, Inc

Premise information

Premise License Number: _____

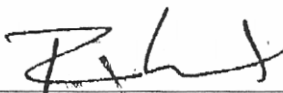
Premise Trade Name/DBA: Hy Vee #2 Gas #1386

Premise Street Address: 1515 N 84th St

City: Lincoln State: NE Zip Code: 68505

Premise Phone Number: _____

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below:



CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Ludwig First Name: Matthew MI: T

Home Address (include PO Box if applicable): 1110 Lamplighter Ln

City: Lincoln State: NE Zip Code: 68510

Home Phone Number: 402-483-0609 Business Phone Number: 402-488-1000 467-5505

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES ☐ NO

Spouse's information:

Spouses Last Name: Ludwig First Name: SALLY
MI: E.

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Des Moines, IA

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE		YEAR FROM TO		CITY & STATE		YEAR FROM TO	
Indianola, IA		1994	2000	Indianola, IA		1994	2000
Cherokee, IA		2000	2002	Cherokee, IA		2000	2002
Lincoln, NE		2002	Pres.	Lincoln, NE		2002	Pres.

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1991	Pres.	Hj-Vec, Inc.	PAT Hensley	515-267-2800

Manager and spouse must review and answer the questions below
PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO If yes, please explain below or attach a separate page.

Speeding, Iowa (2001?)

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☒ YES ☐ NO Hy-Vee #2 1601 N. 84th Street - Lincoln 68505

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES ☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the Nebraska State Patrol for \$38.00 per person)

☒ YES ☐ NO

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.



Signature of Manager Applicant



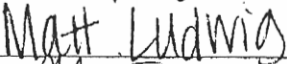
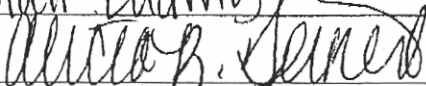
Signature of Spouse

State of Nebraska

County of Lancaster

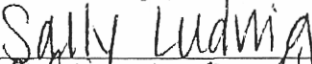
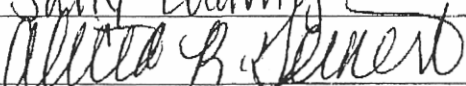
County of Lancaster

The foregoing instrument was acknowledged before me this 31st of March 2008

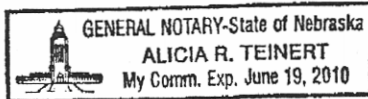
Notary Public signature

The foregoing instrument was acknowledged before me this 31st of March 2008

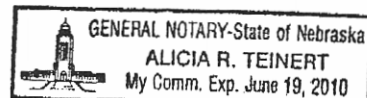



Notary Public signature

Affix Seal Here



Affix Seal Here



SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
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NEBRASKA LIQUOR
CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Diane L. Briggs

Signature of spouse asking for waiver
(Spouse of individual listed below)

Diane L Briggs

Printed name of spouse asking for waiver

State of Iowa

County of Polk

3/28/08

Cindy Stru
Notary Public signature

The foregoing instrument was acknowledged before me this

by

Diane L. Briggs
name of person acknowledged

Affix Seal



CINDY IRVIN
Commission Number 738035
My Commission Expires
12-15-08

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

John C. Briggs
Signature of individual involved with application
(Spouse of individual listed above)

John C Briggs, CFO, Treasurer

Printed name of applying individual

State of Iowa

County of Polk

3/28/08

Cindy Stru
Notary Public signature

The foregoing instrument was acknowledged before me this

by

John C. Briggs
name of person acknowledged

Affix Seal



CINDY IRVIN
Commission Number 738035
My Commission Expires
12-15-08

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

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Carol J Jurgens

Signature of spouse asking for waiver
(Spouse of individual listed below)

Carol J Jurgens

Printed name of spouse asking for waiver

State of IowaCounty of Polk

3/28/08
date

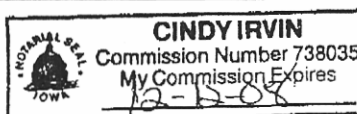
[Signature]
Notary Public signature

The foregoing instrument was acknowledged before me this

by

Carol J. Jurgens
name of person acknowledged

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

[Signature]

Signature of individual involved with application
(Spouse of individual listed above)

Richard N Jurgens, President

Printed name of applying individual

State of IowaCounty of Polk

3/28/08
date

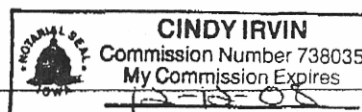
[Signature]
Notary Public signature

The foregoing instrument was acknowledged before me this

by

Richard N. Jurgens
name of person acknowledged

Affix Seal



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A ten day advance period is requested in writing to produce the alternate format.

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NEBRASKA LIQUOR

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms ~~CONTROL~~ **CONTROL** ~~COMMISSION~~ **COMMISSION** my interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Dawn R. Edeker

Signature of spouse asking for waiver
(Spouse of individual listed below)

Dawn R Edeker

Printed name of spouse asking for waiver

State of IowaCounty of Polk

3-28-08

Cindy Strawn
Notary Public signature

The foregoing instrument was acknowledged before me this
by Dawn R Edeker
name of person acknowledged

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Randy Edeker

Signature of individual involved with application
(Spouse of individual listed above)

Randy Edeker, Sr VP, Retail Operations

Printed name of applying individual

State of IowaCounty of Polk

3/28/08

Cindy Strawn
Notary Public signature

The foregoing instrument was acknowledged before me this
by Randy Edeker
name of person acknowledged

Affix Seal



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A ten day advance period is requested in writing to produce the alternate format.